

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES**TUBARI****26220089****1. Month of DECEMBER 1, 2008 THRU DECEMBER 31, 2008**

- | | | | | |
|-----|--|------------------------------------|------------------------------------|-----|
| 2. | Is Outlet # (8 digit) Correct? | <input checked="" type="radio"/> Y | N | N/A |
| 3. | Is average Total flow-gal.day stated in space provided? | <input checked="" type="radio"/> Y | N | N/A |
| 4. | Is max. Total flow-gal day stated in space provided? | <input checked="" type="radio"/> Y | N | N/A |
| 5. | Is method used to calculate water stated? | <input checked="" type="radio"/> Y | N | N/A |
| 6. | Are number of working days stated? | <input checked="" type="radio"/> Y | N | N/A |
| 7. | Are there any parameters which have exceeded PVSC Local Limits? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | N/A |
| 8. | Is proper compliance/non-compliance statement provided? | <input checked="" type="radio"/> Y | N | N/A |
| 9. | Have correct number of samples been submitted? | <input checked="" type="radio"/> Y | N | N/A |
| 10. | Has PHC result been listed on MR-1 report? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | N/A |
| 11. | Has sample number been reported in space provided? | <input checked="" type="radio"/> Y | N | N/A |
| 12. | Have all regulated parameters been listed on MR-1? | <input checked="" type="radio"/> Y | N | N/A |
| 13. | Has sample type been stated on MR-1? | <input checked="" type="radio"/> Y | N | N/A |
| 14. | Have all samples been taken during this reporting period? | <input checked="" type="radio"/> Y | N | N/A |
| 15. | Has NJDEPE certified lab been used? | <input checked="" type="radio"/> Y | N | N/A |
| 16. | Have analytical results been submitted on copies of Laboratory stationery? | <input checked="" type="radio"/> Y | N | N/A |
| 17. | Have results been written in space designated on MR-1? | <input checked="" type="radio"/> Y | N | N/A |
| 18. | Is correct method used to preserve samples stated on MR-1? | <input checked="" type="radio"/> Y | N | N/A |
| 19. | Has MR-1 been signed by authorized representative? | <input checked="" type="radio"/> Y | N | N/A |
| 20. | Has information been submitted on proper MR-1 form? | <input checked="" type="radio"/> Y | N | N/A |
| 21. | Remove Arsenic from report if sampling not required | <input checked="" type="radio"/> Y | N | N/A |

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

First Reviewer: comments on deficiencies Complete

Date Reviewed 1/23/09 Date sent to user _____

Date due back _____ Reviewer J. Salas

Second review comments on deficiencies _____

Date Reviewed _____ Date sent to user _____

Date due back _____ Reviewer _____

Date _____ Reviewer _____

PRETREATMENT MONITORING REPORT

JAN 20 2009

TO

70 DAYTON AVE BLDG - 40 - WEST PASSAIC, NJ

SAME

07055

I-9999

OUTLET # NEW CUST ID: 2622-0079
OLD OUTLET: 2640 3071 56539-04

MARL BERMAN

TELEPHONE #: 973-779-8600

PERIOD

For Reporting Period

Average

Maximum

Regulated Flow-gal/day

N/A

N/A

Total Flow-gal/day

4000

4176

Method used INDUSTRIAL GALLONS LESS 5%

FOR EVAPORATION, LESS DOMESTIC GALLONS
Divided by 15 WORKING DAYS

applicable)

	MASS LIMIT OR CONCENTRATION			# OF SAMPLES	SAMPLE TYPE COMPI/GR
	AVERAGE	MAXIMUM	UNITS		
Measurement	0.0100		Mg/L	1	COMP
Permit Requirement	5.9		Mg/L	1	
Measurement	0.0156		Mg/L	1	COMP
Permit Requirement	1.62		Mg/L	1	
Measurement					
Permit Requirement					
Measurement					
Permit Requirement					
Measurement					
Permit Requirement					
Measurement					
Permit Requirement					
Sample Measurement					
Permit Requirement					
Sample Measurement					
Permit Requirement					
Sample Measurement					
Permit Requirement					

PVSC Form MR-1 Rev: 4 6/87 P1

Justification of Non-use if applicable (use additional sheets):

N/A

JAN 20 2009

Compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every parameter used:

TUBARI LTD IS IN COMPLIANCE
WITH LOCAL LIMIT METALS

Explain Method for preserving samples:

NITRIC ACID WITH H
PH OF LESS THAN 2

I certify under penalty of law that this document and attachments were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

493.6(a)(2)(b) revised by 53 FR 40610, October 17, 1988

Signature of Principal
Executive or Authorized Agent

MARC BERMAN

Type Name and Title

1/16/09

Date

PVSC Form MR-1 Rev: 5 3/91 P2

WATER READING

12/1/08 32084900

12/1/08 1063570

12/31/08 32157100

12/31/08 1066220

 72,200

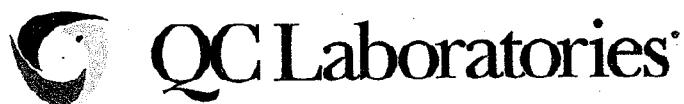
 2650

72,200 LESS 5% FOR EVAPORATION = 68,590

68,590

- 2650 (DOMESTIC)

 65,940 (INDUSTRIAL)



Analytical Report



MARC BERMAN
TUBARI, LTD.
90 DAYTON AVENUE
BUILDING 4D WEST
PASSIAC, NJ 07054

Regarding:

MARC BERMAN
TUBARI, LTD.
90 DAYTON AVENUE
BUILDING 4D WEST
PASSIAC, NJ 07054

Account No: 000382, TUBARI, LTD.
Project No: 000382, TUBARI, LTD.

P.O. No:
PWSID No:

Inv. No: 1034174

Sample Number: L2829019-1
Sample Description: DISCHARGE 24 HR COMPOSITE 12/17-18
Samp. Date/Time/Temp: 12/18/08 02:45pm NA F
Sampled by: Customer Sampled
Received Temp: 35 F Iced (Y/N): Y

Parameter	Method	Result	RLs	Test Date, Time, Analyst
NICKEL	EPA 200.7	ND mg/l	0.0100 mg/l	12/23/08 09:55AM B B
ZINC	EPA 200.7	0.0156 mg/l	0.00500 mg/l	12/23/08 09:55AM B B
BIOCHEMICAL OXYGEN DEMAND	SM 5210B	ND mg/l	2.50 mg/l	12/19/08 01:24PM LS
TOTAL SUSPENDED SOLIDS	SM 2540D	12.0 mg/l	2.00 mg/l	12/23/08 09:45AM GLE

**** NOTES CONCERNING THE ABOVE SAMPLE ****

For the BOD/cBOD test on this day, the batch water blank depletion criterion was exceeded. The batch acceptance samples, GGA, were within range.

- A result of "ND" indicates the concentration of the analyte tested was either not detected or below the RLs.
 - All analysis, except field tests are conducted in Southampton, PA unless otherwise identified.
 - The test "pH lab" is analyzed upon receipt in the laboratory, the result will not be suitable for regulatory purposes.
 - Actual times of analysis for parameters reported <24 hrs are available upon request. All testing is completed within the required holding time unless otherwise noted.
 - Definitions: ND=not detected; NEG=negative; POS=positive; COL=colonies; RLs=Laboratory reporting limits; L/A=laboratory accident; TNTC=too numerous to count.
 - A result marked with "DRY" indicates that the result was calculated and reported on a dry weight basis.
 - QC NELAP ID's: PA 09-00131, NJ PA166, FL E87954, NY 11223, CT PH-0768, DE PA-018, KY 90228, MD 206, EPA PA00018. Bioassay: PA 09-03574, NJ PA034, FL E87953, KS E10373, SC 89020001.
 - QC STATE ID's: Wind Gap, NJ PA001, PA 48-01334; E RUTHERFORD NJ02015; Vineland NJ06005; Reading PA 06-03543.
 - All samples are collected as "grab" samples unless otherwise identified.
 - MCL= is the EPA recommended "maximum contaminant level" for a parameter, PLs=customer specific permit limits.
- Regulatory authorities are assessing substantial fines for testing omissions. Please track your sample collections and results on a weekly, monthly, or quarterly basis to ensure compliance. QC's internet program 'LIVE ACCESS' will provide you with real-time access to collection dates and results. Please contact Customer Service for further information on acquiring LIVE ACCESS.

Thomas J. Hines
Thomas J. Hines, President



CHAIN OF CUSTODY

Page ____ of ____

 1205 Industrial Blvd.
 Southampton, PA 18966-0514
 Phone: 215-355-3900
 Fax: 215-355-7231

Bill to Report to: (if different)

 Client/Acct. No. Tubani 470/00352
 Address 90 Patton Ave
4-D West
 City/State/Zip Passaic N.J. 07055
 Phone/Fax 973-779-8800
 Client Contact QC Contact

Sampling Site Address: (if different)

 P.O. No. _____
 Date/Time _____

QC Contact

QC Contact

PROJECT

FIELD ID

Collection

Matrix

Number of Containers

ANALYSIS REQUESTED

 # Temp control _____
 # Hcl pH _____
 # Unpreserved _____
 # NaOH pH _____
 # H₂SO₄ pH _____
 # HNO₃ pH _____
 # NaOH/Zn acetate pH _____
 # Na₂S₂O₃ _____
 # Ascorbic/HCl Vials # _____
 # HCl Vials # _____

 DW: DRINKING WATER
 GW: GROUND WATER
 WW: WASTEWATER
 SO: SOIL
 SL: SLUDGE
 OL: OIL
 SOL: NON SOIL SOLID
 MI: MISCELLANEOUS
 X: OTHER

 Field pH, Temp (C or F),
 DO, Cl₂, S. Cond. etc.

 Discharge 24hr Composite
 12/18/08 14:45

 Date/Time
 12/18/08 14:45

 Matrix
 Total

 ANALYSIS REQUESTED
 600, 755, NI, ZN

 DELIVERED
 TO OFFICE
 BY CUSTOMER

12/18/08 14:45

Field Parameters Analyzed By:

Date/Time:

SAMPLED BY: (Name/Company)

Verbal/fax data due: _____

Hardcopy due: _____

Report Format: ☐ Standard ☐ Forms☐ Standard + QC ☐ NI Reduced ☐ Disk
 Sig: _____
 Date/Time: _____

Field Parameters Analyzed By:

Date/Time:

Please call for pricing and availability on rush (<14-21 day) turnaround and on all but standard format.

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW. USE FULL LEGAL SIGNATURE, DATE AND MILITARY TIME (24 HOUR CLOCK, I.E. 8AM IS 0800, 4 PM IS 1600)

REINQUISHED BY SAMPLER

DATE

TIME

RECEIVED BY

DATE

TIME

DELIVERY METHOD: ☐ UPS ☐ FEDEX ☐ OTHER

Custody Seal Number

REINQUISHED BY

DATE

TIME

RECEIVED BY

DATE

TIME

DELIVERY METHOD: ☐ UPS ☐ FEDEX ☐ OTHER

Custody Seal Number

REINQUISHED BY

DATE

TIME

RECEIVED BY

DATE

TIME

DELIVERY METHOD: ☐ UPS ☐ FEDEX ☐ OTHER

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DELIVERY METHOD: ☐ UPS ☐ FEDEX ☐ OTHER

Custody Seal Number

REINQUISHED BY

DATE

TIME

RECEIVED BY

DATE

TIME

DELIVERY METHOD: ☐ UPS ☐ FEDEX ☐ OTHER

Custody Seal Number

For example to aid completion, see reverse side.

FINAL REPORT